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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000003		CITY OR TOWN PEMBROKE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: STANDISH PUB IN	NC.		
DOING BUSINESS A POOPSIES			
ADDRESS 243 CHURCH ST.			
CITY/TOWN: PEMBROKE	STATE: MA	ZIP CODE: 02359	
MANAGER: THOMPSON, R. TYPE DONALD JR.	E OF LICENSE: Rest	taurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
ONE FRONT MAIN ROOM ON ONE FL KITCHEN, TWO ENTRANCES AT FRO			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the s	same premises now licensed;	
2. the licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for b	business (If not explain	in below)	
			_
SIGNED BY		0.07	
Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEBRIONIE			
TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	
		individual Social Security (Number)	
Acts of 2004, signed by the building insp	pector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts	
of 2010.	nquor nabinty insur	rance required by Chapter 110 of the rices	
of 2010. Please Check Below:	nquor nabinty insur	LOCAL LICENSING AUTHORITY	
of 2010. Please Check Below: APPROVED:	nquor naomty insur		
of 2010. Please Check Below: APPROVED: DISAPPROVED:	nquor naomty insur	LOCAL LICENSING AUTHORITY	
of 2010. Please Check Below: APPROVED:	nquor naomty insur	LOCAL LICENSING AUTHORITY	
of 2010. Please Check Below: APPROVED: DISAPPROVED:	nquor naomty insur	LOCAL LICENSING AUTHORITY	



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LICENSE NUMBER: 09) 6000006		CITY OR TOW	N PEMBROR	Œ
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: L	. DAWG INC.				
DOING BUSINESS A	LUCKY DAWG T	TAVERN & GRILL	•		
ADDRESS MATTAKE	ESETT ST.				
CITY/TOWN: PEMBE	ROKE	STATE: MA	ZIP CODE:	02359	
MANAGER: JOHNSO MICHA	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
CONSISTING OF A ON IN PATIO, NO CELLA SIDE.					
I hereby certify and swea	ar under penalties	of perjury that:			
1. the renewed l	license will be of the	he same type for the	e same premises no	ow licensed;	
2. the licensee h	nas complied with a	all laws of the Com	monwealth relating	g to taxes; and	
3. the premises	are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	ndividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NU	MBER: 096000008		CITY OR TOWN	PEMBROK	Œ
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE N.	AME: OLD COLONY	Y SPORTSMEN'S ASSN	Г.		
DOING BUSI	NESS A				
ADDRESS OF	FF FOREST ST.				
CITY/TOWN:	PEMBROKE	STATE: MA	ZIP CODE:	02359	
MANAGER:	DEL ROSSO, MICHAEL	TYPE OF LICENSE:Ch	ıb C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
-	N OF LICENSED PRE				
ROOM, SMAI		E STORY, MAIN DANG LAR USED FOR STORA SST FLOOR.			COAT
I hereby certify	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	same premises now	licensed;	
2. the	licensee has complied	with all laws of the Com	nonwealth relating t	o taxes; and	
3. the	premises are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:	TEI EDH	IONE NUMBER:	EMPLOYE	R IDENTIFICAT	TON NUMBER:
	I LLLLI II	ONE WOMBER.	(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004,	signed by the building	are in possession (1) the ginspector and the header of liquor liability insu	d of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					
DAIL.			-		



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LICENSE NUN	MBER: 096000012		CITY OR TOWN	PEMBROKE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN	AME: CARDINAL CUSH NESS A SCHOOSETT STREET	IING COUNCIL BLI	D. ASSOC. INC.	
CITY/TOWN:	PEMBROKE	STATE: MA	ZIP CODE:	02359
MANAGER:	Caiewski, William A TYF	E OF LICENSE: Clu	b C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREMIS			
	ION HALL 60 X 100 WIT TE MENS AND LADIES			TH FOUR EGRESSES
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of	the same type for the	same premises now	licensed;
2. the l	icensee has complied with	all laws of the Comn	nonwealth relating t	to taxes; and
3. the j	premises are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the head	of the fire depart	
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disupproved	enpium,			
DATE				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 096000016		CITY OR TOWN	PEMBROK	Œ
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: V & L INC.				
DOING BUSINESS A THE OMELE	ΓFACTORY			
ADDRESS 24 SCHOOSETT ST				
CITY/TOWN: PEMBROKE	STATE: MA	ZIP CODE:	02359	
MANAGER: BOTSARIS, VASILIOS	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	_			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PREM	MISES:			
56 SEAT DINING AREA, TWO HAN ENTRANCES AND EXITS AT FROM		OOMS. 20 PARKING	G PLACES,	
I hereby certify and swear under penalt	ties of perjury that:			
1. the renewed license will be	of the same type for the	e same premises now	licensed;	
2. the licensee has complied w	ith all laws of the Com	monwealth relating to	o taxes; and	
3. the premises are now open to	for business (If not exp	lain below)		
SIGNED BY				
Individual, Part	ner or Authorized Corp	orate Officer		
DATE: TELEPHO	ONE NUMBER:			ION NUMBER:
		(Note: NOT Inc	iividual Social S	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	d of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		7		



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LICENSE NUMBER: 096	5000018		CITY OR TOWN	EMBROKE
APPLICATION FOR RE	NEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME: RP	UBLIC LEASING	TRUST, LLC		
DOING BUSINESS A T	URNER'S YARD			
ADDRESS 615 WASHIN	IGTON ST.			
CITY/TOWN: PEMBRO	OKE	STATE: MA	ZIP CODE:	02358
MANAGER: O'DONNI BRIAN	ELL, TYPE	OF LICENSE: Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICE				
PREMISES LOCATED OF ENTRANCE. TWO EXIT FUNCTION ROOM WIT	ΓS IN MAIN, KITO	CHEN WITH EX	T, STORAGE ROOM	
I hereby certify and swear	under penalties of	perjury that:		
1. the renewed lic	cense will be of the	same type for the	same premises now lic	ensed;
2. the licensee ha	s complied with all	laws of the Com	monwealth relating to ta	axes; and
3. the premises ar	re now open for bus	siness (If not expl	ain below)	
SIGNED BY Ind	lividual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE N	NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspe	ctor and the head	d of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096000019		CITY OR TOWN	PEMBROKE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: J.S.T.H.			
DOING BUSINESS A PEMBROKE C	CENTER LIQUORS		
ADDRESS 14 MATTAKEESETT STE	REET		
CITY/TOWN: PEMBROKE	STATE: MA	ZIP CODE:	02359
MANAGER: HERZOG, JAYNE T W.	YPE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
one story unit within a retail shopping office, room for deliveries and access to delivery door. Locked trailer in rear for	o cellar. Cellar for storag		
I hereby certify and swear under penalti	ies of perjury that:		
1. the renewed license will be	of the same type for the	same premises now	licensed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to	taxes; and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY	A .1 1.G	0.55	
Individual, Partn	ner or Authorized Corpor	rate Officer	
DATE.			
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
		(Costan <u>aroz</u> mo	rviduai Sociai Security Ivamoci)
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
<u></u>			
(If disapproved explain)			
<u></u>			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	196000020		CITY OR IC	OWN PENIDRO	KE
APPLICATION FOR F	RENEWAL:	Annual	Ll	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: NOOING BUSINESS A					
ADDRESS 95 CHURC	CH ST				
CITY/TOWN: PEMB	ROKE	STATE: MA	ZIP COD	E: 02359	
MANAGER: PATEL	, MUKESH TY	PE OF LICENSE: Pa	ckage Store	CATEGORY	Wine and Malt Regular
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
CONSISTING OF ONI STORAGE, ENTRANG			REST ROOMS	AND A CELLA	R FOR
3. the premises	s are now open for	h all laws of the Com r business (If not exp r or Authorized Corp	lain below)	ting to taxes; and	
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIG	CENSING AUTH	IORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 096000021		CITY OR TOWN	PEMBROK	Œ
APPLICATION	N FOR RENEWAL:	LICEN	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	AME: VV LIQUORS, INC	C.			
DOING BUSIN	NESS A WHIT'S AT COU	NTRY CORNER			
ADDRESS LA	KE & PLAIN STS				
CITY/TOWN:	PEMBROKE	STATE: MA	ZIP CODE:	02359	
MANAGER:	PATEL, TYP VIVEKANAND R.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS		
	N OF LICENSED PREMIS				
	TWO ROOMS WITH CEL		ćE.		
-	and swear under penalties renewed license will be of t		cama pramicae now	licensed:	
	licensee has complied with	• •	-		
	premises are now open for l		_	o turios, uria	
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE					
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
			(1101c. <u>1101</u> mu	Ividual Social S	ecurity Number)
Please Check Belo	W:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved	· ····p·······/				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	96000022		CITY	OK TOW	VIN P	EMBKOR	XE
APPLICATION FOR R	ENEWAL:	Annual		LIC	ENSE	D FOR 20	013
		CLASS					YEAR
LICENSEE NAME: R DOING BUSINESS A							
ADDRESS 314 MATT	AKEESETT STR						
CITY/TOWN: PEMBI	ROKE	STATE:	MA Z	IP CODE:	: ()2359	
MANAGER: PATEL,	, SAUMIL S. TYPE	OF LICENSI	E:Package S	tore	CAT	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:							
	ASE ALSO VISIT OUR WEBS		OUR EMAIL ADD	ORESS			
DESCRIPTION OF LIC							
ONE STORY BLDG. E REAR.	NTRANCE & EXIT	Γ IN FRONT,	WITH TW	O SERVI	CE EN	ITRANCI	ES IN
SIGNED BY	are now open for bu	·		,			
DATE:	TELEPHONE	NUMBER:	(TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	CAL LICE	ENSIN	G AUTH	ORITY
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 096000023	(LITY OR TOWN PEWIDROKE
APPLICATIO	N FOR RENEWAL:	nnual	LICENSED FOR 2013
	C	CLASS	YEAR
LICENSEE NA	AME: PORTA BELLA BEVERAG	E INC.	
DOING BUSI	NESS A WINE & SPIRITS DEPOT		
ADDRESS NO	ORTH RIVER PLAZA		
CITY/TOWN:	PEMBROKE STAT	E: MA	ZIP CODE: 02359
MANAGER:	HEBERT, ROBERT TYPE OF LICA.	ENSE: Packa	age Store CATEGORY: All Alcohol
EMAIL ADDR	RESS:		
	PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	IL ADDRESS
DESCRIPTION	N OF LICENSED PREMISES:		
3767 SF WITH	HENTRANCE AND EXITS IN FRO	NT, LOADI	NG DOCK AND EXIT IN REAR
I hereby certify	and swear under penalties of perjury	that:	
1. the	renewed license will be of the same t	ype for the sa	ame premises now licensed;
2. the	licensee has complied with all laws o	f the Commo	onwealth relating to taxes; and
3. the	premises are now open for business (If not explain	n below)
SIGNED BY			
	Individual, Partner or Author	rized Corpora	ate Officer
DATE:	TELEPHONE NUMBI	ER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: Note:
Please Check Belo	OW:		LOCAL LICENSING AUTHORITY
APPROVED: DISAPPROVE			By:
(If disapproved			
(11 disapprovec	· ····················		
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	96000024		CITY O	R TOWN	PEMBROK	Œ
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 20)13
		CLASS				YEAR
LICENSEE NAME: H	EENA N DEEYA	CORPORATIO	ON			
DOING BUSINESS A	BRYANTVILLE L	IQUORS				
ADDRESS 15 SCHOOL	LSTREET					
CITY/TOWN: PEMBE	ROKE	STATE: N	MA ZIP	CODE:	02327	
MANAGER: PATEL,	JITENDRA TYPE	OF LICENSE	E:Package Stor	re C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDRES	SS		_
DESCRIPTION OF LIC	ENSED PREMISE	S:				
ONE STORY WOOD F AREA 36X50 (PLUS 25 16 1/2X50 (PLUS 400 S 68.	5X25 OF EXISTIN	G UNUSED A	REA OF BLD	G.) STO	RAGE MAIN	FLOOR
I hereby certify and swe	ar under penalties o	f perjury that:				
1. the renewed	license will be of th	e same type fo	r the same pre	mises now	licensed;	
2. the licensee h	nas complied with a	ll laws of the C	Commonwealth	n relating	to taxes; and	
3. the premises	are now open for bu	usiness (If not	explain below)		
SIGNED BY	ndividual, Partner o	r Authorized C	Corporate Offic	cer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT	
			(No	te: <u>NOT</u> In	dividual Social S	ecurity Number)
Please Check Below:				L LICEN	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
,						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 096000026		CITY OR TOWN	PEMBRO	KE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE N	AME: Pudding Pant	ry, inc			
DOING BUSI	NESS A PUDDING	BROOK PANTRY			
ADDRESS 26	4 WASHINGTON S	ΓREE			
CITY/TOWN:	: PEMBROKE	STATE: MA	ZIP CODE:	02359	
MANAGER:	PATEL, PRAGNESH	TYPE OF LICENSE:	Package Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PF	REMISES:			
		NE LARGE ROOM, ON ENTRANCE AND EXI			
I hereby certify	y and swear under per	nalties of perjury that:			
-	=	be of the same type for the	he same premises now	licensed;	
		d with all laws of the Cor	=		
3. the	premises are now ope	en for business (If not ex	plain below)		
SIGNED BY					
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:			TION NUMBER:
			(Note: NOT Inc	lividual Social S	security Number)
Please Check Bel	ow:		LOCAL LICENS	ING AUTHO	∩RITV
APPROVED:			By:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ORTT
DISAPPROV	ED:		3 *		
(If disapprove	d explain)		-		
			<u> </u>		
DATE.			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	096000028		CITY OR TOW	N PEMIDRUI	NE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 75A WAS	HINGTON STREE	Γ			
CITY/TOWN: PEM	BROKE	STATE: MA	ZIP CODE:	02359	
MANAGER: COST	A, PETER M. TYP	E OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
ONE LEVEL STORE ENTRANCES IN FRO				/F COOLER. 2	
2. the license	d license will be of the has complied with a ses are now open for b	all laws of the Con	nmonwealth relatin		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 09	6000031		CI	TY OR TOW	N PEMBROI	KE
APPLICATION FOR RE	ENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: PE	EMBROKE BBO	CLLC				
DOING BUSINESS A	BRITISH BEER	COMPANY				
ADDRESS 15 COLUMN	BIA RD.					
CITY/TOWN: PEMBR	OKE	STATE:	MA	ZIP CODE:	02359	
MANAGER: MCSHE RICHAR	,	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE						
7,900S.F. BLDG. INCLU PATIO,FIVE ENTRANG			,LOUNGE	DINING RO	OM, KITCHEN	N,AND
I hereby certify and swea	r under penaltie	s of perjury tha	ıt:			
1. the renewed li	icense will be of	the same type	for the san	ne premises no	ow licensed;	
2. the licensee h	as complied with	h all laws of the	e Common	wealth relating	g to taxes; and	
3. the premises a	are now open for	r business (If n	ot explain l	pelow)		
SIGNED BY						
In	dividual, Partne	r or Authorized	d Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building in	spector and tl	ne head of	the fire depa	rtment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED: (If disapproved explain)						
(11 disappioved explain)			-			
			-			
DATE:			-			



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Annual	LICENSED FOR 2013
CLASS	YEAR
INC.	
STATE: MA	ZIP CODE: 02359
OF LICENSE: Restar	rrant CATEGORY: All Alcohol
E AND ENTER YOUR EMAI	L ADDRESS
:	
OF 116 TAKE OU	TT#4 FENCED IN WITH OUTDOOR T AREA INCLUDED IN SQUARE ESS TO OUTSIDE AREA FROM
perjury that:	
same type for the sa	me premises now licensed;
laws of the Common	nwealth relating to taxes; and
iness (If not explain	below)
Authorized Corpora	re Officer
UMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
possession (1) the c	
possession (1) the c tor and the head o nor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the fire department for the above
possession (1) the c tor and the head o nor liability insura	(Note: <u>NOT</u> Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
possession (1) the c tor and the head o nor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
possession (1) the c tor and the head o nor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
possession (1) the c tor and the head o nor liability insura	(Note: NOT Individual Social Security Number) ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
	CLASS INC. STATE: MA OF LICENSE: Restau E AND ENTER YOUR EMAIL OF 116 TAKE OUT AND THE



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LICENSE NUMBER: 09600	00041	CITY OR TOWN PEN	ABROKE
APPLICATION FOR RENI	EWAL: Annual	LICENSED I	FOR 2013
	CLASS	1	YEAR
LICENSEE NAME: JOSE	PH M. EMMA		
DOING BUSINESS A OYS	STER'S BARY AND GRILLE	3	
ADDRESS 254 CHURCH S	ST		
CITY/TOWN: PEMBROK	E STATE: N	MA ZIP CODE: 023	359
MANAGER: JOSEPH M.	EMMA TYPE OF LICENSE	E:Restaurant CATEG	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
ONE FLOOR, ONE ROOM ENTRANCES AND EXITS		TWO REST ROOMS, FRONT	T AND BACK
I haraby cartify and swaar u	nder penalties of perjury that:		
•	1 0 0	r the same premises now licens	sed:
	**	Commonwealth relating to taxe	
3. the premises are	now open for business (If not	explain below)	
SIGNED BY		0.55	
Indiv	idual, Partner or Authorized C	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
	TELEFTIONE NOWIDER.		Social Security Number)
TT (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4) ,1 ,00 , 1 , 1 , 1 , 1	CI 4 204 64
		 the certificate required by head of the fire department 	
		insurance required by Chap	
Please Check Below: APPROVED:		LOCAL LICENSING	AUTHORITY
DISAPPROVED:		Ву:	
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUMBER: 096000042	CITY OR TOWN PEMBROKE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: HERRING RUN GROUP, INC. DOING BUSINESS A ALUMNI SPORTS CAFE	
ADDRESS 95 WASHINGTON ST	
CITY/TOWN: PEMBROKE STATE: M.	A ZIP CODE: 02359
MANAGER: RYDER, KAREN E. TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
SINGLE STORY, STAND A LONE BUILDING WITH FU FT. INCLUDING DINING ROOM, LOUNGE, TWO RES' STAIRWAY TO BASEMENT WITH STORAGE AND EN ENTRANCE (FRONT) AND ONE EXIT.	TROOMS, KITCHEN AND PREP AREA.
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	_
2. the licensee has complied with all laws of the Co	ommonwealth relating to taxes; and
3. the premises are now open for business (If not ex	xplain below)
3. the premises are now open for business (If not ex- SIGNED BY Individual, Partner or Authorized Co	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized Co	employer identification number:
SIGNED BY Individual, Partner or Authorized Co	orporate Officer
SIGNED BY Individual, Partner or Authorized Co	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
SIGNED BY Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability in	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
SIGNED BY Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above asurance required by Chapter 116 of the Acts
SIGNED BY Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability in of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above assurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
SIGNED BY Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability ir of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above assurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
SIGNED BY Individual, Partner or Authorized Co DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the h named license and (2) the certificate of liquor liability in of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above assurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBER: 09	96000048		CITY OR TOWN	PEMBROK	Œ
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
	OLIVEIRA'S RESTA	STATE: MA OF LICENSE: Res		02359 ATEGORY:	All Alcohol
DESCRIPTION OF LIC TWO STORY BUILDII ON CENTER STREET. OFFICE AND LIQUOR	NG WITH MAIN EN FIRST FLOOR LO	NTRANCE AT REBBY AND THRE	E DINING ROOMS	S SECOND F	
2. the licensee h	ar under penalties of license will be of the has complied with all are now open for bus	same type for the laws of the Comm	nonwealth relating to		
SIGNED BY	ndividual, Partner or	Authorized Corpo	rate Officer		
DATE: We the undersigned, a		possession (1) the	(Note: NOT Ind	ividual Social Social So	er 304 of the
Acts of 2004, signed by named license and (2) of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUM	1BER: 096000049		CITY OR TOWN PEMBRO	KE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: GAMBINO'S RES	STAURANT INC.		
DOING BUSIN	TESS A CAPONE'S PIZZ	ZERIA AND PROHIB	ITION PUB	
ADDRESS 002	54A CHURCH ST			
CITY/TOWN:	PEMBROKE	STATE: MA	ZIP CODE: 02359	
MANAGER:	MYERS, TINA M. TY	TE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OUR VIOLENSED PREMI	WEBSITE AND ENTER YOUR EMISES:	IAIL ADDRESS	_
I hereby certify	and swear under penaltie	es of perjury that:		
		• 1	same premises now licensed;	
	•		nonwealth relating to taxes; and	
3. the p	premises are now open fo	r business (If not expla	in below)	
SIGNED BY				
SIGINED DI	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, s	igned by the building ir	nspector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappiored				
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NU	MBER: 096000050		CITY OR TOWN PEMBRO	JKE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: OLDE SCHONESS A SCHOOL STREET	OOL CAFE,INC.		
	: PEMBROKE	STATE: MA	ZIP CODE: 02327	
MANAGER:	COLLINS, ARTHUR W.	TYPE OF LICENSE:R	estaurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS	
1. the 2. the	renewed license will licensee has complied	• •	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	d
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Acts of 2004,	signed by the buildi	ing inspector and the he	he certificate required by Cha ad of the fire department for the surance required by Chapter 1	ne above
Please Check Bel APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	\$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 096000051		CITY OR TOWN	PEMBROK	Œ
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM DOING BUSINES		ANT OF BOSTON LI RANT & PUB	LC		
ADDRESS 166 C	CHURCH STREET				
CITY/TOWN: PI	EMBROKE	STATE: M	A ZIP CODE:	02359	
MANAGER: M	ARCEL, LYNN	TYPE OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PR	EMISES:			
		OUNGE/ BAR AREA, E EXITS AND ENTR		RESTROOMS	5,
I hereby certify an	d swear under pena	alties of perjury that:			
1. the ren	ewed license will b	e of the same type for	the same premises now	licensed;	
2. the lice	nsee has complied	with all laws of the Co	mmonwealth relating t	o taxes; and	
3. the pres	mises are now ope	n for business (If not ex	xplain below)		
SIGNED BY			0.00		
	Individual, Pa	rtner or Authorized Co	rporate Officer		
DATE:			EMBLOVEI		NON NUMBER
DITTE.	TELEPI	HONE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1) ng inspector and the h te of liquor liability in	ead of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)		-		
DATE:			-		



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APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: JOHN H. LUCE II DOING BUSINESS A LUCIOSO'S ADDRESS 00264A WASHINGTON STREET CITY/TOWN: PEMBROKE STATE: MA ZIP CODE: 02359 MANAGER: LUCE JOHN H. II TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: FLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 316 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UISAPPROVED:	LICENSE NUMBE	ER: 096000053		CITY OR TOWN	PEMBROK	Œ
LICENSEE NAME: JOHN H. LUCE II DOING BUSINESS A LUCIOSO'S ADDRESS 00264A WASHINGTON STREET CITY/TOWN: PEMBROKE STATE: MA ZIP CODE: 02359 MANAGER: LUCE JOHN H. II TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above anneal license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY By: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDERS DESCRIPTION OF LICENSE (PART AUTHORITY BY: LICHALDE	APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
DOING BUSINESS A LUCIOSO'S ADDRESS 00264A WASHINGTON STREET CITY/TOWN: PEMBROKE STATE: MA ZIP CODE: 02359 MANAGER: LUCE JOHN H. II TYPE OF LICENSE; Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: [If disapproved explain]			CLASS			YEAR
ADDRESS 00264A WASHINGTON STREET CITY/TOWN: PEMBROKE STATE: MA ZIP CODE: 02359 MANAGER: LUCE JOHN H. II TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: LICHALLICENSING AUTHORITY By: LICHALLICENSING AUTHORITY By: LICHALLICENSING AUTHORITY By:	LICENSEE NAME	: JOHN H. LUCE II				
CITY/TOWN: PEMBROKE STATE: MA ZIP CODE: 02359 MANAGER: LUCE JOHN H. II TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	DOING BUSINESS	S A LUCIOSO'S				
MANAGER: LUCE JOHN H. II TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	ADDRESS 00264A	A WASHINGTON STI	REET			
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	CITY/TOWN: PE	MBROKE	STATE: MA	ZIP CODE:	02359	
DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: [If disapproved explain)	MANAGER: LUC	CE JOHN H. II TYF	'E OF LICENSE: Re	estaurant Ca	ATEGORY:	
DESCRIPTION OF LICENSED PREMISES: CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	EMAIL ADDRESS	3:				
CENTER OF A THREE UNIT, SINGLE STORY, COMMERCIAL BUILDING. INE ENTRANCE IN FRONT AND ONE IN REAR I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: DISAPPROVED: (If disapproved explain)		PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR !	EMAIL ADDRESS		
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)						
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:			STORY, COMMEI	RCIAL BUILDING.	INE ENTRA	NCE IN
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: (If disapproved explain)	I hereby certify and	swear under penalties	of perjury that:			
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)	1. the rene	wed license will be of	the same type for th	e same premises now	licensed;	
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	2. the licen	see has complied with	all laws of the Com	nmonwealth relating t	o taxes; and	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: (If disapproved explain)	3. the prem	nises are now open for	business (If not exp	lain below)		
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: (If disapproved explain)						
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UISAPPROVED: UISAPPROVED:	SIGNED BY					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)		Individual, Partner	or Authorized Corp	oorate Officer		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain)						
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Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:				(Note: NOT Inc	ividual Social S	ecurity Number)
APPROVED: By: DISAPPROVED: U (If disapproved explain)	Acts of 2004, signonamed license and	ed by the building ins	spector and the hea	nd of the fire depart	ment for the	above
DISAPPROVED:				LOCAL LICENS	SING AUTHO	ORITY
(If disapproved explain)				By:		
		1-:-)				
DATE:	(11 disapproved exp	nam)				
DATE:						
	DATE:					



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LICENSE NUMBER: 096	5000054		C	CITY OR TO	OWN	PEMBRO	KE
APPLICATION FOR RE	NEWAL:	Annu	al	I	LICENS	SED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: NA	NINAS RESTA	URANY VII,	INC.				
DOING BUSINESS A C	'HRISTINA'S						
ADDRESS 460 WASHIN	NGTON ST						
CITY/TOWN: PEMBRO	OKE	STATE:	MA	ZIP COI	DE:	02359	
MANAGER: CATALD CHRISTI	· /	E OF LICEN	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEAS	SE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICE	ENSED PREMIS	SES:					
DINING ROOM, FUNCT SQUARE FEET, FRONT					IG OF	4694 TO TA	L
I hereby certify and swear	under penalties	of perjury tha	t:				
1. the renewed lie	cense will be of t	the same type	for the sa	me premise	es now	licensed;	
2. the licensee ha	s complied with	all laws of the	e Commo	nwealth rel	ating to	taxes; and	
3. the premises as	re now open for	business (If n	ot explain	below)			
SIGNED BY							
Inc	dividual, Partner	or Authorized	l Corpora	te Officer			
DATE:	TELEPHONI	E NUMBER:					ΓΙΟΝ NUMBER:
				(Note: <u>N</u>	IOI Indi	ividual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) the of 2010.	the building ins	pector and tl	ne head o	f the fire d	lepartn	nent for the	e above
Please Check Below:				LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUMBER: 096000055		CITY OR TOWN PEMBRO	KE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: ECCOLO, INC			
DOING BUSINESS A ORTA RESTAU	RANT		
ADDRESS 75 WASHINGTON STREET	Γ		
CITY/TOWN: PEMBROKE	STATE: MA	ZIP CODE: 02359	
MANAGER: WILLIAMS, CARA TY	PE OF LICENSE: Rest	caurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMI 3000 SF RESTAURANT INCLUDING RESTROOMS AND CELLAR FOR STO ENTRANCES AND ONE EXIT FROM WITH BAR.	DINING AREA, LOUI ORAGE; TWO FRON	ΓENTRANCES, THREE REA	
the renewed license will be of the licensee has complied with the premises are now open for	h all laws of the Comm	onwealth relating to taxes; and	
SIGNED BY Individual, Partne	r or Authorized Corpor	rate Officer	
DATE: TELEBRION		EMBLOMED IDENTIFICATI	EVON NUMBER
TELEPHON	NE NUMBER:	BER: EMPLOYER IDENTIFICATION N (Note: NOT Individual Social Security	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 096000056		CIT	Y OR TOWN	PEMBROK	Œ
APPLICATION FOR RENEWAL:		Annua	ıl	LICENSED FOR 2013		
		CLAS	S			YEAR
LICENSEE NAME:	RARE HOSPITAL	ITY INTERNA	ATIONAL	INC.		
DOING BUSINESS	A LONGHORN STI	EAK HOUSE				
ADDRESS 125 CHU	URCH STREET					
CITY/TOWN: PEN	MBROKE	STATE:	MA	ZIP CODE:	02359	
MANAGER:	TYP	E OF LICENS	SE:Restaura	ant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL A	DDRESS		
	LICENSED PREMIS					. D. D. V.C
	EST.WITH DINING F EN EMERGENCY E		AREA, BA	AR & KITCHE	N HANDICA	AP RMS
I hereby certify and s	swear under penalties	of perjury that	:			
1. the renew	ved license will be of t	the same type f	for the same	e premises now	licensed;	
	ee has complied with			_	o taxes; and	
3. the premi	ses are now open for	business (If no	t explain be	elow)		
SIGNED BY Individual, Partner or Authorized Corporate Officer						
	marriadar, r artifer	articl of Paulionized Corporate Officer				
DATE:	TELEDIJONI					
TELEPHONE NUMBER:				EMPLOYER	RIDENTIFICAT	ION NUMBER:
	TELEPHONI	E NUMBER:		EMPLOYER (Note: NOT Inc	R IDENTIFICAT lividual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	in possession pector and th	e head of t	(Note: <u>NOT</u> Ind tificate requir he fire depart	lividual Social S ed by Chapte ment for the	er 304 of the above
Acts of 2004, signed named license and	d, attest that we are d by the building ins	in possession pector and th	e head of t y insuranc	(Note: <u>NOT</u> Ind tificate requir he fire depart e required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed named license and of 2010.	d, attest that we are d by the building ins	in possession pector and th	e head of t y insuranc	(Note: <u>NOT</u> Inc tificate requir he fire depart e required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building ins (2) the certificate of	in possession pector and th	e head of t y insuranc L((Note: <u>NOT</u> Inc tificate requir he fire depart e required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
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Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are d by the building ins (2) the certificate of	in possession pector and th	e head of t y insuranc L((Note: <u>NOT</u> Inc tificate requir he fire depart e required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NU	MBER: 096000059		CITY OR TOWN PENIDROKE		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE N. DOING BUSI		HOSPITALITY GROUP,	LLC		
ADDRESS 94	WEST ELM ST				
CITY/TOWN:	: PEMBROKE	STATE: MA	ZIP CODE: 02359		
MANAGER:	MCNULTY, KIMBERLY A	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol		
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	REMISES:			
ROOM. 1600 ROOM,KITC	SF OFFICE WITH B HEN AND 2 RESTRO	ALLROOM, FUNCTION I	UNGE PATIO AREA FUNCTION ROOM, SERVICE BAR, BRIDAL F PRO SHOP, SNACK SHACK, NS		
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	same premises now licensed;		
2. the	licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and		
3. the	premises are now ope	en for business (If not expla	in below)		
SIGNED BY	Individual, P	artner or Authorized Corpor	rate Officer	1	
DATE:					
DATE.	TELEPHONE NUMBER:				
			(Note: NOT Individual Social Security Number)		
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts		
Please Check Bel			LOCAL LICENSING AUTHORITY		
APPROVED:			By:		
DISAPPROVI					
(If disapprove	u expiain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J96000062	CITY OR TOWN PEMBROKE			
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 290 CENT CITY/TOWN: PEME	THE CRAZY ER STREET				
MANAGER: BURK	E, JOHN	TYPE OF LICENSE	:Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LI STORE CONSISTING FRONT OF STORE A REAR.	G OF 3000 SQ.	FT. WITH ATTACH			
2. the licensee	has complied	e of the same type for with all laws of the C a for business (If not o	ommonwealth re		
	Individual, Par	tner or Authorized C	orporate Officer		
DATE:	TELEPH	IONE NUMBER:		PLOYER IDENTIFICATE NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL I By:	ICENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	09600058		CITY OR TO	OWN PEMBRO	KE .
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	VERC ENTERP	PRISES, INC			
DOING BUSINESS A	PEMBROKE I	MOBILE			
ADDRESS 145 CHUI	RCH STREET				
CITY/TOWN: PEMI	BROKE	STATE: MA	ZIP COD	E: 02359	
MANAGER: CLEA		YPE OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	MISES:			
SHOP; CUSTOMER	ENTRANCE IN ICE ON THE EA	ONVENIENCE STOR THE FRONT OF THE AST END OF THE BU	BUILDING A	ND EMPLOYEE	AND
I hereby certify and sw	ear under penalt	ies of perjury that:			
1. the renewed	d license will be	of the same type for the	e same premises	s now licensed;	
2. the licensee	has complied w	rith all laws of the Com	monwealth rela	ting to taxes; and	
3. the premise	es are now open f	for business (If not expl	ain below)		
SIGNED BY	Individual, Partı	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENSING AUTH	ORITY
DATE:					